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PTO/SB/50 (02-01)  
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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>		<b>Attorney Docket No.</b>	YOR919980405US2 (8728-631 RE)	
		<b>First Named Inventor</b>	Robert J. Schloss	
		<b>Original Patent Number</b>	6,249,844	
		<b>Original Patent Issue Date (Month/Day/Year)</b>	June 19, 2001	
		<b>Express Mail Label No.</b>	EV 329488910US	
<b>APPLICATION FOR REISSUE OF:</b> (Check applicable box)		<input checked="" type="checkbox"/> <b>Utility Patent</b>	<input type="checkbox"/> <b>Design Patent</b>	<input type="checkbox"/> <b>Plant Patent</b>
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		<b>ACCOMPANYING APPLICATION PARTS</b>		
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (PTO/ SB/ 56)</b> (Submit an original, and a duplicate for fee processing)		10. <input checked="" type="checkbox"/> <b>Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).</b>		
2. <input type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27.</b>		11. <input type="checkbox"/> <b>Original U.S. Patent for surrender</b>		
3. <input checked="" type="checkbox"/> <b>Specification and Claims in double column copy of patent format (amended, if appropriate)</b>		<input type="checkbox"/> <b>Ribboned Original Patent Grant</b>		
4. <input checked="" type="checkbox"/> <b>Drawing(s) (proposed amendments, if appropriate)</b>		<input type="checkbox"/> <b>Statement of Loss (PTO/SB/55)</b>		
5. <input type="checkbox"/> <b>Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)</b>		12. <input type="checkbox"/> <b>Foreign Priority Claim (35 U.S.C. 119) (if applicable)</b>		
6. <input type="checkbox"/> <b>Power of Attorney</b>		13. <input type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> <input type="checkbox"/> <b>Copies of IDS Citations</b>		
7. <b>Original U.S. Patent currently assigned?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If Yes, check applicable box(es))		14. <input type="checkbox"/> <b>English Translation of Reissue Oath/Declaration (if applicable)</b>		
<input type="checkbox"/> <b>Written Consent of all Assignees (PTO/SB/53)</b>		15. <input checked="" type="checkbox"/> <b>Preliminary Amendment</b>		
<input type="checkbox"/> <b>37 C.F.R. § 3.73(b) Statement (PTO/SB/96)</b>		16. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</b>		
8. <input type="checkbox"/> <b>CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</b>		17. <b>Other:</b> .....		
9. <b>Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</b>		.....		
a. <input type="checkbox"/> <b>Computer Readable Form (CFR)</b>		.....		
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c. <input type="checkbox"/> <b>Statements verifying identity of above copies</b>				
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<b>NAME (Print/Type)</b>	Frank Chau	<b>Registration No. (Attorney/Agent)</b>	34,136	
<b>Signature</b>		<b>Date</b>	6/19/03	

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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>							Docket Number (Optional) YOR919980405US2 (8728-631 RE)		
<b>Claims as Filed – Part 1</b>									
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Entity	Other than a Small		
				Rate	Fee		Rate	Fee	
(A) 64	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 66	*** 2 =	x \$ 9 =	or		x \$ 18 =	36	
(C) 4		(D) 6	* 2 =	x \$ 42 =			x \$ 84 =	168	
Basic Fee (37 CFR 1.16(h))				\$ _____				\$ 750	
Total Filing Fee				\$ 954.00			OR	\$ _____	
<b>Claims as Amended – Part 2</b>									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =			x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =	
Total Additional Fee					\$ _____			OR	\$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-0510/IBM</u> in the amount of <u>954.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-0150/IBM</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>6/19/03</u> Date</p> </div> <div style="width: 45%; text-align: center;"> <p>Frank Chau</p> <p>_____ Signature of Applicant, Attorney or Agent of Record</p> <p><u>[Signature]</u> Typed or printed name</p> </div> </div>									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Re: Application for reissue of Schloss et al., U.S. Patent 6,249,844.

For: **IDENTIFYING, PROCESSING AND CACHING OBJECT FRAGMENTS IN A  
WEB ENVIRONMENT**

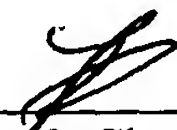
**STATEMENT OF STATUS AND SUPPORT UNDER 37 C.F.R. § 1.173(c)**

Mail Stop: Reissue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The present reissue application is made to add new claims 65 and 66. Claims 1 to 64 of the patent remain unchanged. Support for added claims 65 and 66 can be found, for example, in figures 4 and 7-13 and corresponding text describing these figures in the specification of the patent.

Respectfully submitted,

By:   
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Attorney for Applicant


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**CERTIFICATE OF MAILING 37 C.F.R. § 1.8(a)**

I hereby certify that this correspondence (and any document referred to as being attached or enclosed) is being deposited with the United States Postal Service as first class mail, postage paid in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 19, 2003.

Dated: 6/19/03

  
Frank Chau

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